Sent By: IP Strategies, P.C.;

Application Information

RECEIVED CENTRAL FAX CENTER

FEB 2 0 2008

Supplemental Application Data Sheet

			•
Application Number::			
Filing Date::			
Application Type::		Regular	
Subject Matter::		Utility	
Suggested classification::		·	
Suggested Group Art Unit:	•		
CD-ROM or CD-R?::		None	
Number of CD disks::			
Number of copies of CDs:			
Sequence submission?::			
Computer Readable Form	(CRF)?::	No	
Number of copies of CRF:	:		· ·
Title:	•	Method for Training a Learning-Cap	able
		System	•
Attorney Docket Number::	•	GRUNP46	:
Request for Early Publicat	ion?::	No	•
Request for Non-Publication	on?::	No	
Suggested Drawing Figure)::		
Total Drawing Sheets::		9	•
Small Entity?::		Yes	
Latin name::			

10/520,409 Filed on 07/20/2005

Page # 1

Supplemental 2/20/2008

Page 3

Variety denomination name::

Petition included?::

No

703 248 9244;

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Patent Appl.?::

No

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Germany

Status::

Full Capacity

Given Name::

Ronald E.

Middle Name::

Family Name::

Kates

Name Suffix::

City of Residence::

Otterfing

State or Province of Residence::

Country of Residence::

Germany

Street of mailing address::

Palnkamer Strasse 49

City of mailing address::

Otterfing

State or Province of mailing address::

Country of mailing address::

Germany

Postal or Zip Code of mailing address::

83624

A	oplicar	at /	Aut	horit	v Type::

Inventor

Primary Citizenship Country::

Germany

Status::

Full Capacity

Given Name::

Nadia

Middle Name::

Family Name::

Harbeck

Name Suffix::

City of Residence::

Otterfing

State or Province of Residence::

Country of Residence::

Germany

Street of mailing address::

Palnkamer Strasse 49

City of mailing address::

Otterfing

State or Province of mailing address::

Country of mailing address::

Germany

Postal or Zip Code of mailing address::

83624

Correspondence Information

Correspondence Customer Number::

000049691

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Co	de of mailing address:		,	
Phone number::				
Fax number::	· :			
E-Mail address::				• .
	· :	•		
Representativ	ve Information			
				•
Representative Customer	:			
Number::	000049691			<u>:</u>
Domestic Price	ority Information Continuity Type::	Parent Application::	Parent Filing	Data
	in the state of th	T arent Application	Traient Finny	Date
:	:			· · ·
<u> </u>				:
				· · · · · · · · · · · · · · · · · · ·
Foreign Priori	ity Information			

Country::

EP

Filing Date::

07/04/02

Priority Claimed::

Yes

Application Number::

020148573

Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::